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Nyala Insurance S

Tel: 251-116-626667, Fax: 251-116-6
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurancesc.co

Foreign Employment Term Assurance (FETAP) Proposal Fo

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Lubaba Father's Name: Seid G. Father's Name: Ahmed

Date of Birth: 19 Nov 92 Place of Birth: Tama Passport Number: EP10965787 Gender: FEM

Address: - Region: Amara City: Silwano Sub City: Tama Woreda: Tama Kebele: H. No.:

Occupation: HO Marital Status: married Labor ID Number: EP10965787

Contact Person in case of Emergency: Name Hasen Ali Telephone: 0919972570

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277321

Destination Country: UAE Departure (Effective) Date:

3. Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court.

	Full Name	Relationship	Percentage Share	Address/Telephone
i.	<u>Ahmed Mohammed</u>	<u>Brother</u>	<u>100%</u>	<u>0952520744</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: Lubaba Signature: ch Date: 14/03/25